

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213522504</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Ashland Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>KY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F1627456</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 50 E RIVERCENTER BLVD PO BOX 391</p> <p style="text-align: center;">CITY/ST/ZIP: COVINGTON, KY 41012-0391</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES J OBRIEN  TITLE: PRESIDENT  ADDRESS: 50 E RIVERCENTER BLVD  CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES J OBRIEN TITLE: PRESIDENT ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ERIC N BONI  TITLE: VP &amp; TREASURER  ADDRESS: 50 E RIVERCENTER BLVD  CITY/ST/ZIP/CO: COVINGTON, KY 41012 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ERIC N BONI TITLE: VP & TREASURER ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: PETER J GANZ TITLE: SENIOR VP ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN P GOSWELL  TITLE: VICE PRESIDENT  ADDRESS: 1361 ALPS ROAD  CITY/ST/ZIP/CO: WAYNE, NJ 07470 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN P GOSWELL TITLE: VICE PRESIDENT ADDRESS: 1361 ALPS ROAD CITY/ST/ZIP/CO: WAYNE, NJ 07470	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: SCOTT A GREGG TITLE: VICE PRESIDENT ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	THEODORE L HARRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	5200 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	DUBLIN, OH 43017		
NAME:	J WILLIAMS HEITMAN JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CONTROLLER		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	JOHN W JOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	SAMUEL J MITCHELL JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	JOHN E PANICHELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	STEVEN E POST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1361 ALPS ROAD		
CITY/ST/ZIP/CO:	WAYNE, NJ 07470		
NAME:	ANNE T SCHUMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	WALTER H SOLOMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	J KEVIN WILLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - FINANCE		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012-0391		
NAME:	KAREN L EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	3499 BLAZER PKWY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	LYNN P FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		

NAME:	LAMAR M CHAMBERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012-0391		
NAME:	KAREN L EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	LINDA L FOSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012-0391		
NAME:	FREDERICK M GREENWOOD III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	TIMOTHY S KAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	STEVEN L SPALDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	MARK A STACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5200 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	DUBLIN, OH 43017		
NAME:	ROGER W HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	218 MOCKINGBIRD GARDENS DRIVE		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40207		
NAME:	KATHLEEN A LIGOCKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NEXT AUTOWORKS COMPANY		
CITY/ST/ZIP/CO:	961 S 16TH STREET SAN DIEGO, CA 92113		
NAME:	VADA O MANAGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	APCO WORLDWIDE		
CITY/ST/ZIP/CO:	700 12TH ST NW SUITE 800 WASHINGTON, DC 20005		
NAME:	BARRY W PERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 WEATHERFIELD DRIVE		
CITY/ST/ZIP/CO:	NEWTON, PA 18940		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C ROHR DIRECTOR ALBEMARLE CORPORATION 451 FLORIDA STREET BATON ROUGE, LA 70801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE A SCHAEFER JR. DIRECTOR 851 DELAWARE RIDGE LANE CINCINNATI, OH 45226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F TURNER DIRECTOR TRIANGLE X RANCH 10200 LARKSPUR LANE MOOSE, WY 83012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J WARD DIRECTOR CSX CORPORATION 500 WATER STREET C-900 JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAREN L EVANS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN L EVANS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	5/13/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			